ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 137 V

Registered No. 539

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 1007 Pine Oak St. St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ricardo Sandoval (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Male

To be answered ONLY in event of plural births.

4. Twin, triplet or other .....

5. No., in order of birth .....

6. Legitimate? yes

7. Date of birth Mch. 6, 1926. (Month Day Year)

8. FATHER

Full name Cruz Sandoval

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Mex.

11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Chihuahua

(State or country) Mex.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Teodoremina Munoz

15 Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16 Color or race Mex.

17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Chihuahua

(State or country) Mex.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother .....

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3

(b) Born alive but now dead 1

(c) Stillborn .....

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn.) at 2:50 P. m. on the date above stated

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Lazril M. Cron M.D.

Physician (Physician or midwife).

Address Miami, Arizona.

Given name added from a supplemental report .....

Month, day, year

Filed Mch 11, 1926 C. E. Jinn

Registrar

Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

WRITE ONLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

923-306-3419